

## GRAMA REQUEST FOR RECORDS

**Requester:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Daytime Telephone:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**Detailed Description of Record(s) Requested:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ I request to inspect the record(s).

☐ I request copies of the record(s).

☐ I understand that unless waived, I will be responsible for copy costs at the rate of \$ .30 per page and, if applicable, for costs incurred in providing the record in the requested format. I authorize costs of up to \$ \_\_\_\_

☐ I understand that the Division will contact me if estimated costs are greater than the amount authorized herein and that it will not respond to my request for copies unless I have authorized adequate costs.

☐ I am requesting expedited response. (Please attach documentation of your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other documentation that demonstrates that you are entitled to expedited response under Utah Code Ann. §§ 63-2-204(3).)

Please mail your request to:

Records Officer  
Division of Occupational & Professional Licensing  
160 East 300 South  
Box 146741  
Salt Lake City, Utah 84114-6741

**EXPLANATORY COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE UNLESS YOU REPRESENT A GOVERNMENTAL ENTITY:**

I understand that there are criminal penalties for obtaining a government record by false pretenses. I hereby represent and certify under penalty of perjury that I am the requester and that I: (check all that apply)

- ☐ am the subject of the record(s).
- ☐ am the person who provided the information in the record(s).
- ☐ am the parent or legal guardian of an unemancipated minor or a legally incapacitated individual who is the subject of the record(s).
- ☐ have a power of attorney from the subject of the record(s) (copy attached).
- ☐ have a notarized release from the subject of the record(s), or his legal representative, dated within 30 days from the date of this request (copy attached).
- ☐ am entitled to the record(s) pursuant to a judicial or administrative order (copy attached).

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Please type or print title)

Date: \_\_\_\_\_

**PLEASE COMPLETE IF YOU REPRESENT A GOVERNMENTAL ENTITY:**

I understand that there are criminal penalties for obtaining a government record by false pretenses. I hereby certify that I am duly authorized to make this request on behalf of \_\_\_\_\_, a governmental entity who: (Check all that apply).

- ☐ is entitled by law to inspect the record. Cite law: \_\_\_\_\_.
- ☐ is required to inspect the record as a condition of participating in a state or federal program or for receiving state or federal funds. Cite law: \_\_\_\_\_.
- ☐ serves as a repository or archives for purposes of historical preservation, administrative maintenance, or destruction.
- ☐ enforces, litigates, or investigates civil, criminal, or administrative law, and the record is needed for that purpose.
- ☐ is authorized by state statute to conduct an audit and the record is needed for that purpose.
- ☐ is one that collects information for presentence, probationary or parole purposes.
- ☐ is requesting a record or record series which is necessary to the performance of the governmental entity's duties and functions.
- ☐ is requesting a record or record series which will be used for a purpose similar to the purpose for which the information in the record or record series was collected or obtained.
- ☐ is requesting a record or record series, the use of which will produce a public benefit that outweighs the individual privacy right that protects the record or record series.

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Please type or print title)

Date: \_\_\_\_\_

**NOTE: YOUR SIGNATURE IN EITHER SECTION ABOVE MUST BE NOTARIZED**

\*\*\*\*\*

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) : ss.  
SUBSCRIBED to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal) \_\_\_\_\_  
Commission Expires: \_\_\_\_\_

NOTARY PUBLIC